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Application :	C61	Examiner: Location:	Sugarman IDC FMF FDC	GAU : Date:	<u>2873</u> 3-7-06
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Patent Docket Administration RAYTHEON COMPANY Bldg. EO/E4/N119 P.O. Box 902 El Segundo, CA 90245 ticre oxail (Signature) (Dat APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/633,811 08/04/2003 David J. Knapp PD-02W158 TITLE OF INVENTION: OPTICAL SYSTEM HAVING A TRANSMISSION OPTICAL CORRECTOR WITH A SELECTIVELY NONUNIFORM PASSIVE TRANSMISSION OPTICAL PROPERTY APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 0002 \$1700 01/05/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS SUGARMAN, SCOTT J 2873 359-708000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Thomas J. Finn the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Leonard A. Alkov (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Karl A. Vick Number is required. 1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) WALTHAM, MA RAYTHEON COMPANY 4b. Payment of Fec(s): Lisue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies_

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